

BUSINESS AUTO DECLARATIONS

JAMES RIVER INSURANCE COMPANY
 6641 WEST BROAD STREET
 SUITE 300
 RICHMOND, VA 23230



Policy Number: CA436100CA-00

ITEM ONE

Named Insured: Rasier LLC, Rasier-CA LLC, Rasier-DC LLC. and Rasier-PA LLC	Mailing Address: 1455 Market Street, 4 th Floor San Francisco, CA 94103
Policy Period:	
From: 12/21/2014	
To: 03/01/2016 At 12:01 AM Standard Time at your mailing address shown above	
Form Of Business:	
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
<input type="checkbox"/> Other:	
Premium shown is payable at inception: [REDACTED]	
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS IN THE APPLICATION(S) AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO

Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the BUSINESS AUTO Coverage Form and/or other codes in the Covered Autos)</small>	Limit The Most We Will Pay for Any One Accident or Loss	Premium
Liability	10	\$ 1,000,000	
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement	\$ Not Covered
Uninsured Motorists (UM)	10	\$ 1,000,000	\$ Included
Underinsured Motorists (UIM) <small>(When Not Included In UM Coverage)</small>	10	\$ 1,000,000	\$ Included
Physical Damage			
Physical Damage Comprehensive Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning	\$ Not Covered
Physical Damage Specified Causes of Loss Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, for Loss Caused By Mischief or Vandalism	\$ Not Covered

Physical Damage Collision Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus Deductible \$ For Each Covered Auto	\$ Not Covered
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ITEM THREE – Specifically Described Autos – Physical Damage

Vehicles described below are covered "autos" but only for the Physical Damage Coverage where a premium is shown on the Declarations and only for the Limit(s) designated in the Declarations for such premium charge.

None

Premium From Endorsements		
Estimated Total Premium		
	Company Fee	
TOTAL SHOWN IS PAYABLE AT INCEPTION		
		Surplus Lines Tax
		Stamping Office Tax
		Total Premium

ENDORSEMENTS	
ENDORSEMENTS ATTACHED TO THIS POLICY:	
	See attached schedule A – Schedule of Forms

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.